

COMMONWEALTH OF MASSACHUSETTS
TOWN OF AMHERST
APPLICATION FOR CERTIFICATE OF INSPECTION

Inspection Services
(413) 256-4030



Date:

Exp. Date:

In accordance with the provisions of the Massachusetts State Building Code, Section 106.5, I hereby apply for Certificate of Inspection for the below-named premises located at the following address:

Street and Number: _____

Name of Premises: _____

Purpose for Which Premises Is Used: _____

License(s) or Permit(s) Required for the Premises by Other Government Agencies:

Certificate to Be Issued to _____

Address _____

Owner of Record of Building: _____

Address: _____ Telephone # _____

Name of Present Holder of Certificate: _____

Name of Agent, if Any _____

Signature of Person to Whom Certificate Is Issued
Or Authorized Agent

Title

Date

SEND PAYMENT WITHIN 30 DAYS OF RECEIPT OF THIS BILL

INSTRUCTIONS:

1. Make check payable to : TOWN OF AMHERST
2. Return this application with your check to :

AMHERST INSPECTION SERVICES
TOWN HALL
4 BOLTWOOD AVE.
AMHERST, MA 01002

PLEASE NOTE:

1. Completed application(s) and fee must be received before any inspections are performed.
2. The building official shall be notified within ten (10) days of any change in the above information.